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CHRISTENSEN, O'CONNOR, JOHNSON, KINDNESS, PLLC 1420 FIFTH AVENUE SUITE 2800 SEATTLE, WA 98101-2347					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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							(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	Α	TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/001,635 TITLE OF INVENTION: S	10/30/2001 SYSTEM AND METH	OD FOR IMPLEMENT	Mark J. Finocchic ING OBJECT PROPE		GROUPING	MSFT116732	4418	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE F	TEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$0		\$0	\$1400	12/20/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
KENDALL, CHUCK O		2192	717-110000					
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Christensen O'Connor Johnson Kindness PLL(2 3 3							
(A) NAME OF ASSIGN Microsoft C	s an assignee is identi in 37 CFR 3.11. Comp NEE Orporation	fied below, no assignee eletion of this form is NO	data will appear on to T a substitute for filing (B) RESIDENCE: (C Redmond, N	he pa gan a CITY Was	atent. If an assignee assignment. and STATE OR CO	UNTRY)	ocument has been filed for	
Please check the appropriat	te assignee category or	categories (will not be pr	rinted on the patent):		Individual XX Corp	oration or other private gro	oup entity Government	
4a. The following fee(s) are Issue Fee Publication Fee (No Advance Order - # 6	b. Payment of Fce(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1740 (enclose an extra copy of this form).							
5. Change in Entity Statu			D 6 • • • • • • • • • • • • • • • • • •	1		ENTITY status. See 37 C	ED 127()(3)	
NOTE: The Issue Fee and I interest as shown by the rec	Publication Fee (if rem	rired) will not be accepte	d from anyone other th					
	Olds of the Chited Sta	tes I atent and Trademark		***************************************	Data De/	cember 19, 2006		
Authorized Signature Typed or printed name	Mauricio A.	Uribe			Date Dec Registration No.		<u>)</u>	
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